

Send original to
Dept of L & I, Elevator Section,
PO Box 44480, Olympia WA 98504-4480
(360) 902-6130 FAX (360) 902-6132

ELEVATOR FIVE YEAR SAFETY TEST REPORT

(File a separate report for each car or counterweight tested.)

Inspection Report Prior to Making Test

Car_____ **or Counterweight**_____

1. Building name_____
2. Building Address_____
3. Elevator Conv #_____ Owner ID_____ Type of Machine_____
4. Capacity_____ Speed_____ Rail type_____
5. Governor Type: ☐ Bail ☐ Flyball ☐ Centrifugal ☐ Other_____
6. Condition of Governor_____ Jaw Type_____ Condition_____
7. Governor Data Plate: Trip Speed_____ Pull thru_____
8. Governor Rope: Type_____ Size_____ Condition_____
9. Governor Rope Cable Tag attached? ☐ Yes ☐ No
10. Governor Overspeed Switch? ☐ Yes ☐ No
11. S.O.S. Switch? ☐ Yes ☐ No Where located_____
12. Governor Tension Frame condition_____
13. Releasing Carrier condition_____
14. Type of Safeties: ☐ A ☐ B ☐ C _____
15. Condition of Safeties & Actuating Rods_____
16. Buffer Type: ☐ Standard ☐ Reduced Stroke ☐ Other_____ Car_____ Cwt_____
17. Buffer Data Plate: Min Load_____ Max Load _____ Max speed_____ Car_____ Cwt_____
18. Buffer Switch? ☐ Yes ☐ No Buffer Oil Level_____ Runby_____ Car_____ Cwt_____
19. Have all annual tests been completed? ☐ Yes ☐ No Tags applied? ☐ Yes ☐ No
20. Length of governor rope movement for safety jaws to touch rail: _____ inches

21. Clearance between the safety jaws and rail: _____ inches
22. Governor tripped at _____ fpm. Is the governor sealed? ☐ Yes ☐ No
23. Overspeed switch trips at _____ fpm. Governor switch trips at _____ fpm
24. Governor rope pull thru _____ lbs. Releasing carrier pull out _____ lbs
25. Safeties tested with _____ lbs at _____ fpm
26. Did the car stop level (3/8" per foot DBG maximum)? ☐ Yes ☐ No
27. Length of safety rope pull out _____ feet _____ inches
28. Number of turns remaining on drum _____
29. Safety jaw rail marks (average of 4 marks) _____ feet _____ inches
30. Oil buffer test: Car buffer with _____ lbs at _____ fpm
Counterweight buffer with no load _____ fpm
31. Did plunger return within 90 seconds? ☐ Yes ☐ No Car _____ Cwt _____
32. Were final limits actuated during the buffer test? Top? ☐ Yes ☐ No Bottom? ☐ Yes ☐ No
33. Did buffer switch actuate? ☐ Yes ☐ No
Did buffers fully compress? ☐ Yes ☐ No Car _____ Cwt _____
34. Was brake tested with 125% of rated load? ☐ Yes ☐ No
35. Did brake hold? ☐ Yes ☐ No
36. Are load weighting switches properly set? ☐ Yes ☐ No
37. Condition after test _____

38. Have unsatisfactory conditions been corrected? If not, explain _____

39. Have all test tags been applied? Governor ☐ Yes ☐ No Releasing Carrier ☐ Yes ☐ No
Buffers ☐ Yes ☐ No

Signature _____ Date ____/____/____

Firm performing test _____ Phone # (____) _____